UTILITY OPATENT APPLICATION TRANSMITTAL

Attorney Docket No.		No.	4346P001XC	_
First Inventor Ellion		Ellio	t A. Gottfurcht	
			NAVIGATING WEB CONTENT WITH A SIMPLIFIED ING AUDIBLE COMMANDS	
_				

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. EV339911831US

A DDI 104	ATION ELEMENTS						
See MPEP chapter 600 conc	AD	DRESS T	O: Com P.O.	Stop Patent Applica nmissioner for Paten . Box 1450 andria, VA 22313-14	ıts	٥,	
1. Fee Transmittal Form (Submit an original and a de	m (e.g., PTO/SB/17) uplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)					
2. Applicant claims sma See 37 CFR 1.27.	all entity status.	8. Nucleotide and/or Amino Acid Sequence Submission					
3. Specification (preferred arrangeme) - Descriptive title of th - Cross References to - Statement Regardin, - Reference to sequer or a computer progra	 a. □ Computer Readable Form (CRF) b. Specification Sequence Listing on: i. □ CD-ROM or CD-R (2 copies); or ii. □ paper c. □ Statements verifying identity of above copies 					, 16834	
 Background of the In Brief Summary of th Brief Description of Detailed Descriptior Claim(s) Abstract of the Discl 	10.	10. 37 C.F.R. § 3.73(b) Statement (when there is an assignee) 11. English Translation Document (if applicable)					
4. Drawing(s) (35 U.S. 5. Oath or Declaration (signal in the second in	13.	Statement Preliminar Return Ree (Should be Certified C (if foreign Nonpublica Applicant n Other: isite inform and is here	nust attach form Check in the and nation below and of prior applica Grou,	(MPEP 503) mized) Document(s) ned) Inder 35 U.S.C. In PTO/SB/35 or Inount of \$385.00 Inder 15 sent the first se	Reflect Claim of Priority 122 (b)(2)(B)(i). r its equivalent. 123 (b)(2)(B)(i). r its equivalent. 124 (b)(2)(B)(i). r its equivalent. 125 (c) 127 (d) 127 (d	ded to	
be relied upon when a portion has	been inadvertently omitted from the submitter 18. CORRES	d application	parts.				
Customer Number 08791 or Correspondence address below							low
	Blakely, Sokoloff, Taylor & Zafman LLP 12400 Wilshire Boulevard, 7th Floor						
City Los Ang	geles	State	te California Zip Code			90025	
Country	Telepho		(310) 20		Fax	(310) 820-598	88
Name (Print/Type) Jonathan S. Miller			Re	egistration No. ((Attorney/Agent	48,534)
Signature	Loral These				Date	01/21/04	1

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

385.00

(\$)

Complete if Known				
Application Number				
Filing Date				
First Named Inventor	Elliot A. Gottfurcht			
Examiner Name	Joseph J. Thomas			
Group/Art Unit	2174			
Attorney Docket No.	4346P001XC			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check Credit card Money Other None	NAL	FEES					
Deposit Account	Large	Entity	Sma	II Entity	,		
Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)			
Account Number 02-2666					Fee Description	Fee Paid	
	1051 1062	130 50	2051 2052	65 25	Surcharge - late filing fee or oath Surcharge - late provisional filing fee or		
Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP					cover sheet.	Į.	
	2053 1812	130 2,520	2053 1812	130 2,520	Non-English specification For filing a request for ex parte reexamination		
The Commissioner is authorized to: (check all that apply)	1804	920 •	1804	920	* Requesting publication of SIR prior to		
Charge fee(s) indicated below Credit any overpayments					Examiner action		
Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	1805	1,840 *	1805	1,840	* Requesting publication of SIR after Examiner action		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account	1251	110	2251	56	Extension for reply within first month		
FEE CALCULATION	1252	420	2252	210	Extension for reply within second month		
1. BASIC FILING FEE	1253	950	2253	475	Extension for reply within third month		
Large Entity Small Entity	1254	1,480	2254	740	Extension for reply within fourth month		
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1255	1,210	2255	605	Extension for reply within fifth month	·	
	1404	330	2401	165	Notice of Appeal		
1001 770 2001 385 Utility filing fee 385.00 1002 340 2002 170 Design filing fee	1402	330	2402	165	Filling a brief in support of an appeal		
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for oral hearing		
1004 770 2004 385 Reissue filing fee	1451	1,510	2451	1,510	Petition to institute a public use proceeding		
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive - unavoidable		
SUBTOTAL (1) (\$) 385.00	1453	1,330	2453	665	Petition to revive - unintentional		
30B10TAL (1) (8) 363.00	1501	1,330	2501	665	Utility issue fee (or reissue)		
2. EXTRA CLAIM FEES Extra Fee from	1502	480	2502	240	Design issue fee		
Total Claims below Fee Paid	1503	640	2503	320	Plant issue fee		
Independent 8 - 20 = 0 X 9.00 \$0.00	1460	130	2460	130	Petitions to the Commissioner		
Claims 2 3 0 X 43.00	1807	50	1807	50	Prosessing fee under 37 CFR 1.17(q)		
Multiple Dependent =	1806	180	1806	180	Submission of Information Disclosure Stmt		
Large Entity Small Entity	8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	1809	770	1809	385	Filing a submission after final rejection		
1202 18 2202 9 Claims in excess of 20	,	,,,,	,	•	(37 ČFR § 1.129(a))		
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))		
1203 290 2203 145 Multiple Dependent claim, if not paid	1801	770	2801	385	Request for Continued Examination (RCE)		
1204 86 2204 43 **Reissue independent claims over original patent	1802	900	1802	900	Request for expedited examination		
1205 18 2205 9 **Reissue claims in excess of 20 and over				300	of a design application		
original patent	Other fee (specify)						
SUBTOTAL (2) (\$) 0.00							
**or number previously paid, if greater, For Reissues, see below	Reduce	d by Basic	riling Fe	ee Paid	SUBTOTAL (3) (\$)		
SUBMITTED BY					Complete (if applicable	9)	
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